

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	6	64934	8-27-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 + (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim No.	Date
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Claim No.	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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